

**COUNTY OF SAN BERNARDINO SHERIFF'S DEPARTMENT
VOLUNTEER EVALUATION FORM**

NAME	BADGE # / CALL SIGN	UNIT #
STATION IN COMMAND	DEPUTY COORDINATOR	EVALUATION PERIOD

VOLUNTEER INFORMATION

CLASSIFICATION (RESERVE, CIT. VOL, POSSE, SAR)	DRIVER'S LICENCE #	DRIVER AWARENESS COMPLETION DATE
REQUIRED SPECIAL TRAINING	DRIVER'S LICENCE STATUS <input type="checkbox"/> Valid <input type="checkbox"/> Not-Valid	CPR/FIRST AID CERTIFICATION EXP. DATE

ADDITIONAL REQUIRED / RECOMMENDED TRAINING FOR UNIT VOLUNTEERS

TYPE OF TRAINING	REQUIRED / RECOMMEND		IF CERTIFIED, CERTIFICATION EXP. DATE
	<input type="checkbox"/> REQUIRED	<input type="checkbox"/> RECOMMENDED	/ /
	<input type="checkbox"/> REQUIRED	<input type="checkbox"/> RECOMMENDED	/ /
	<input type="checkbox"/> REQUIRED	<input type="checkbox"/> RECOMMENDED	/ /
	<input type="checkbox"/> REQUIRED	<input type="checkbox"/> RECOMMENDED	/ /
	<input type="checkbox"/> REQUIRED	<input type="checkbox"/> RECOMMENDED	/ /
	<input type="checkbox"/> REQUIRED	<input type="checkbox"/> RECOMMENDED	/ /
	<input type="checkbox"/> REQUIRED	<input type="checkbox"/> RECOMMENDED	/ /
	<input type="checkbox"/> REQUIRED	<input type="checkbox"/> RECOMMENDED	/ /
	<input type="checkbox"/> REQUIRED	<input type="checkbox"/> RECOMMENDED	/ /
	<input type="checkbox"/> REQUIRED	<input type="checkbox"/> RECOMMENDED	/ /

MEETS / EXCEEDS EXPECTATIONS

AREAS OF DEVELOPMENT

ADDITIONAL COMMENTS

SIGNATURES

EVALUATING DEPUTY'S SIGNATURE		DATE	
COORDINATOR'S SIGNATURE		DATE	
VOLUNTEER'S SIGNATURE		DATE	